		se 2:23-cv-01968-J	JMY Document 1-3 File	d 01/31/23 FLEPHONE NUM OF IRS OFFICE: TOLL FREE	BER SEQNU' 1-800-829-55
	PO-BOX 1455	<u>é</u> 6		SBC .	
	CINCINNATI,		DPC05	NAME AND ADDR RAYMON E MADD	ESS OF TAXPAYER:
	SOCIAL S	ECURITY ADMINIS	TRATION	PO BOX 188 DUNNIGAN CA	95937-0188884
02780	AM : MTTA	RK A SIŁVESTRI . ' O ŁOX A	/D OF C ACCN PA 16699-0001990		
				IDENTIFYING NUI MADD K 00	MBER(S): 542-36-91
	Kind of Tax	Tax Period Ended	Unpaid Balance of Assessment	Statutory Additions	Total
<i>i</i> .	1040 1040	12-31-2006	\$ 5,503.05 \$ 2,059.07	\$ 3,693.09 \$ 478.75	\$ 9,19 \$ 2,5
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			-		
٠	Employer or Othe	er Addressee: Please co	mplete the back of thispage.	. Total Amount Due	\$ 11,7:
•	· State	My filing status for my i	d late payment penalty to and Filing Status (to be complet income tax return is (check one):	10/10/2012 led by taxpayer; instructions Single; / Mare	s are on the back of south
	ADDITIONAL STA	ATTIECT TO SEPARATE TO SEPARATE TO SEPARATE TO SEPARATE TO SEPARATE SEPARAT	Return: Head of Housel	nold; or Carrying Wich	ow(er) with dependent chi
•				wile, son, daughler, etc.)	Social Security Number
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з.		<u> </u>	- Exhibit	#2 -	
			- microsoff	levy =	
ė,	Taxpayer's signati	ure	- - 360	Dynamie	:
			and		
	Part 3 - RETUR	RN TO IRS	0411		·(FORM 668-W(c) (Rev.1